## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10679962

CLAIMS AS FILED - PART I SMALL ENTITY OTHE												THAN
			(Column 1)		(Colu	Column 2)		TYPE		OR	SWALL ENTITY	
TOTAL CLAIMS			17					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	ОЯ	BASIC FEE	770,00
TOTAL CHARGEABLE CLAIMS			17 minus 20= *		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS.			2 minus 3 = "					X43=		OR	X86=	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							5	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN
'	-2-04	(Column 1)	(Column 2) (Column				SMALL ENTITY			OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT A</b>	Total	. 17	Minus	**	20	= 6-		X\$ 9=		OR	X\$18=	
	Independent	* J	Minus	***	3	- 0		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PHESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM	L		+145=		OR	+290=	
								TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	`
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	est Ber Jusly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
SE I	Independent	•	Minus	***		=		X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					r foun	d in the app	ropriate box	in col	umn 1.	